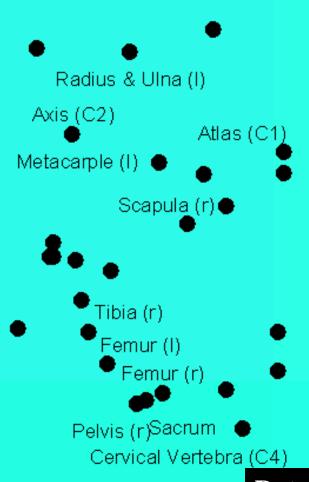
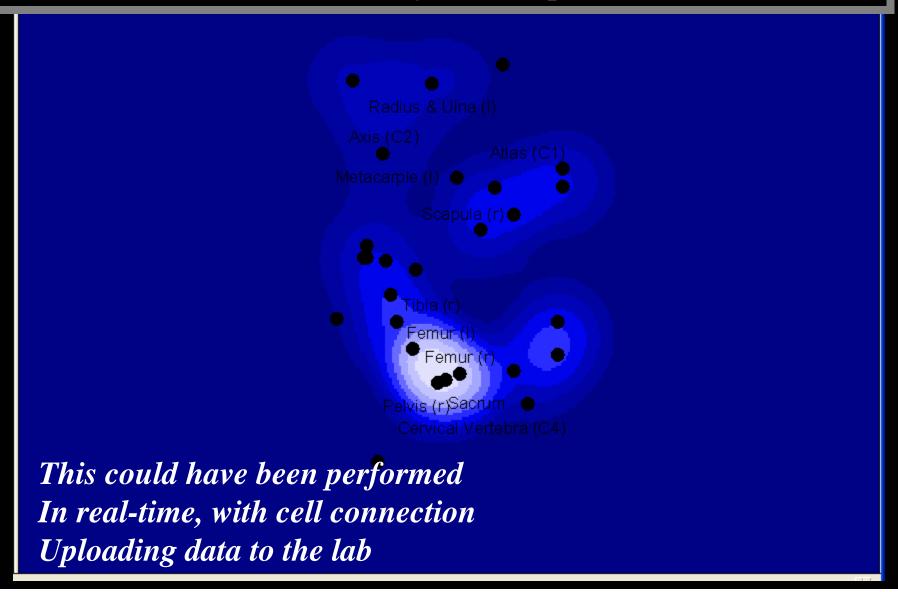
Axim™ X3i





Data collected in the field
Dell Axiom running a GPS
Exact location
Bone type
Bone weight was added later

In the GIS Lab a Kernel Density Analysis was run, weighted by size of bone The white area is the most likely soil sample location for Anthrax

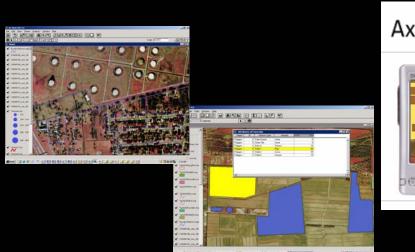


Using Spatial Analysis During an Attack

Reports of Disease are called in:

Human – get address – match to a street network

Animal – get exact location (GPS / Heads-Up Digitize)





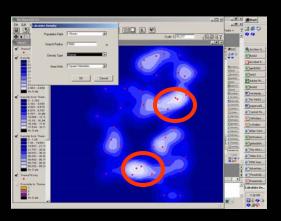
Is there a cluster?
Is there an attack?

It is important to identify quickly if an attack is occurring

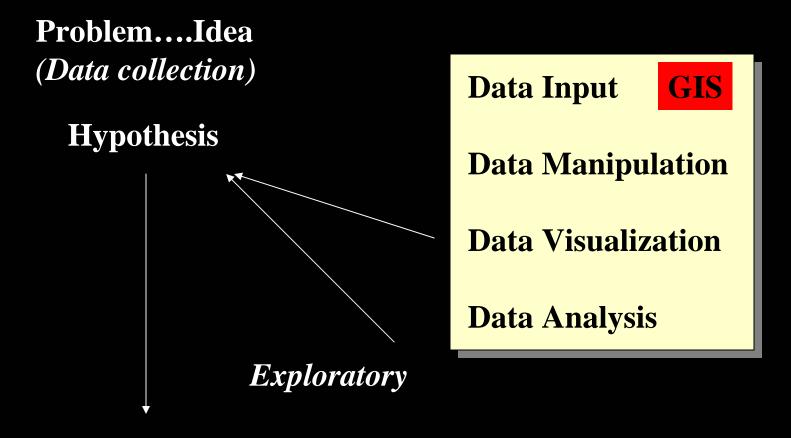
After the event, there is a need to understand the origin of the attack

Obviously need for biochemical testing / validation

There are GIS approaches that can give a "quick-and-dirty" Impression....find the "hotspot"



Traditional GIS Approach to a Spatial Problem



Confirmatory

All things Being Equal....

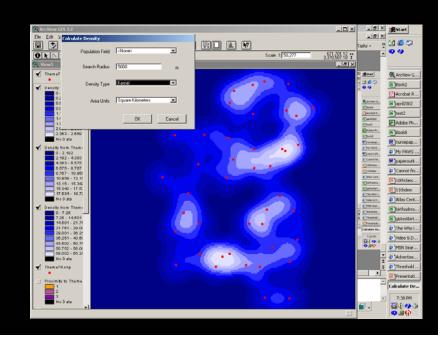
The Concept of Distance Decay

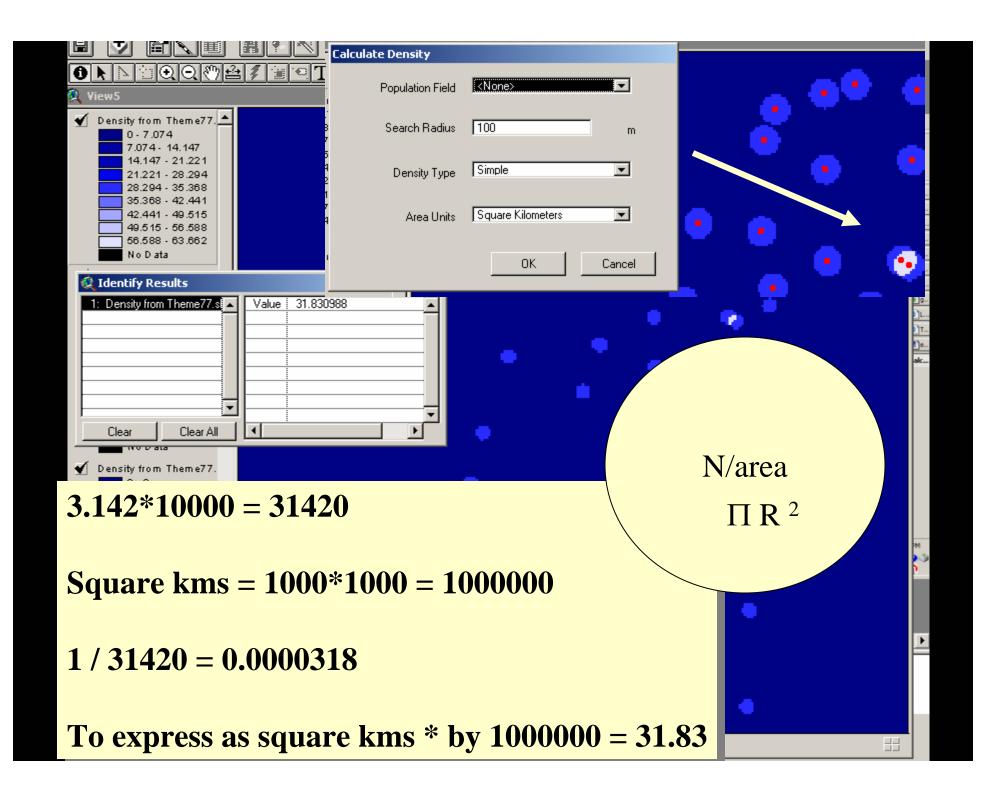
Closer two objects are....more likely to be interacting.

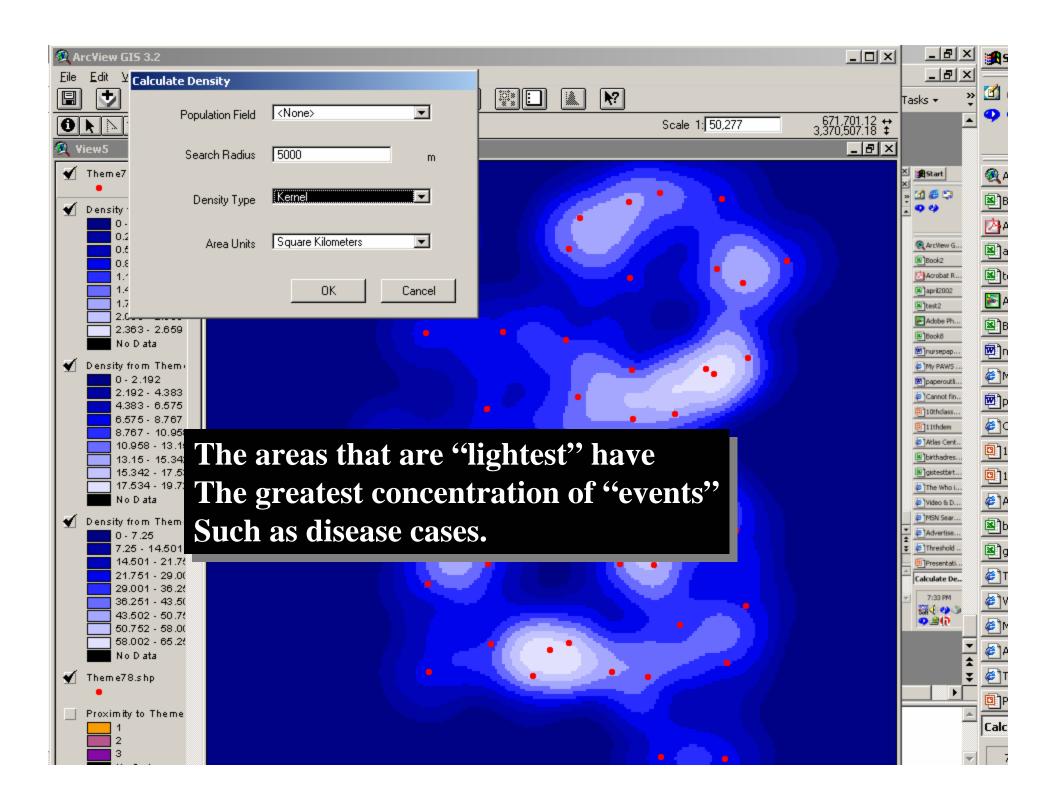
Therefore, the center of several objects, likely to be a common influence

Several ways to do this in the GIS

One is Kernel Density Analysis, Similar approach to the Anthrax example



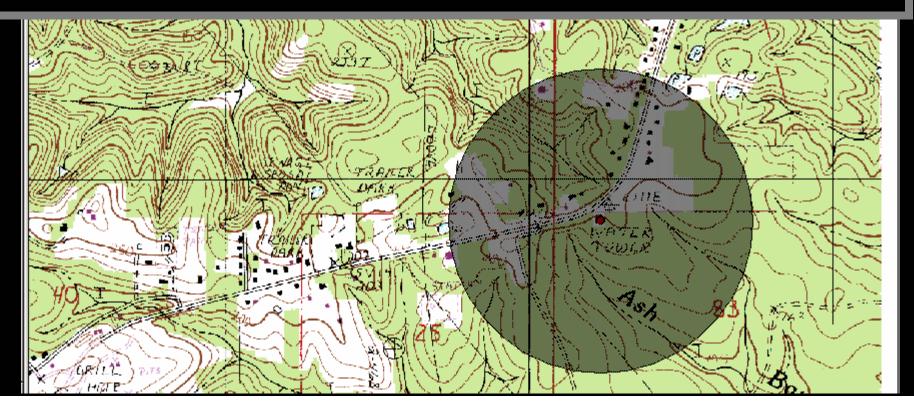




Final Exercise

A farmer is found with a high fever and developing pustules on his outer extremities, especially on the souls of his feet and palms of his hands.

The EOC draws an immediate exposure area of 500 meters around the farm.



In GIS speak, what is this exposure area called?

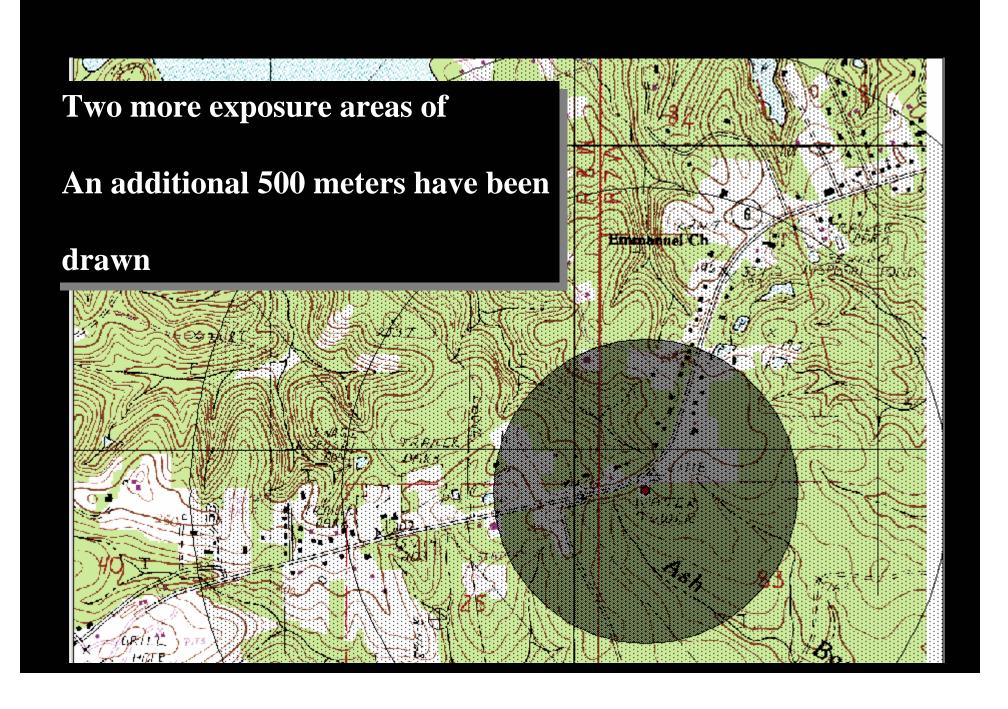
In epidemiology speak what would this area be called?

Why did the EOC do this?

How would this area be turned into an exposure buffer on the ground?

What data sets are visible, what other datasets would be useful?

10 minutes



Why would these additional buffers be added?

What additional information would the EOC ask the field team for?